DEPARTMENT OF HEALTH AND HUMAN SERVICES HEALTH CARE FINANCING ADMINISTRATION	FORM APPROVED OMB NO. 0938-0193
THEALTH CARE FINANCING ADMINISTRATION	1. TRANSMITTAL NUMBER: 2. STATE:
. TRANSMITTAL AND NOTICE OF APPROVAL OF	$0 \ 1 \ -0 \ 0 \ 3$ CA
• STATE PLAN MATERIAL FOR: HEALTH CARE FINANCING ADMINISTRATION	3. PROGRAM IDENTIFICATION: TITLE XIX OF THE SOCIAL SECURITY ACT (MEDICAID)
TO: REGIONAL ADMINISTRATOR HEALTH CARE FINANCING ADMINISTRATION DEPARTMENT OF HEALTH AND HUMAN SERVICES	4. PROPOSED EFFECTIVE DATE July 1, 2000
5. TYPE OF PLAN MATERIAL (Check One):	
☐ NEW STATE PLAN ☐ AMENDMENT TO BE CO	ONSIDERED AS NEW PLAN 🖾 AMENDMENT
COMPLETE BLOCKS 6 THRU 10 IF THIS IS AN AME	NDMENT (Separate Transmittal for each amendment)
6. FEDERAL STATUTE/REGULATION CITATION:	7. FEDERAL BUDGET IMPACT: a. FFY 2000-01 \$ 30,000,000 \$ 0 \$ 0 \$ 0 \$ 0 \$ 0 \$ 0 \$ 0 \$
8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT: Supplement 5 To Attachment 4-19-B, Pgs	9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable): N/A
1-4 PJD Page 58	Supercedes Page 58
G. · ·	
1115 Waiver Medicaid Demonstration Pro 11. GOVERNOR'S REVIEW (Check One): GOVERNOR'S OFFICE REPORTED NO COMMENT COMMENTS OF GOVERNOR'S OFFICE ENCLOSED NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL	▼ OTHER, AS SPECIFIED: The Governor's Office does not wish to review State Plan Amendments
12. SIGNATURE OF STATE AGENCY OFFICIAL:	16. RETURN TO:
13. TYPED NAME: Gail L. Margolis 14. TITLE: Deputy Director, Medical Care Services 15. DATE SUBMITTED:	Department of Health Services Attn: SPA Coordinator 714 P Street, Room 1640 Sacramento, CA 95814
FOR REGIONAL OF	FICE USE ONLY
17 DATE RECEIVED: March 27, 2001	18. DATE APPROVED: 4/10/01
19. EFFECTIVE DATE OF APPROVED MATERIAL:	
21: TYPED NAME:	22.ΤΠΕ: Associate Regional Administrato Division of Medicaid
Linda Minamoto	
	oungs of the control

Revision:

HCFA - PM - 93 - 6

(MB)

OMB No.:

0938 -

August 1993

State/Territory:

Citation
42 CFR 447.201
42 CFR 447.302
52 FR 28648, 1902 (a) (13) (E)
1903 (a) (1) and
(n), 1920, and
1926 of the Act

California

4.19 (b) In addition to the services specified in paragraphs 4.19 (a), (d), (k), (l) and (m), the Medicaid agency meets the following requirements:

- (1) Section 1902 (a) (13) (E) of the Act regarding payment for services furnished by Federally qualified health centers (FQHCs) under section 1905 (a) (2) (C) of the Act. The agency meets the requirements of section 6303 of the State Medicaid Manual (HCFA Pub. 45 6) regarding payment for FQHC services. ATTACHMENT 4. 19-B describes the methods of payment and how the agency determines the reasonable cost of the services (for example, cost-reports, cost or budget reviews, or sample surveys).
- (2) Sections 1902 (a) (13) (E) and 1926 of the Act, and 42 CFR Part 447, Subpart D, with respect to payment for all other types of ambulatory services provided by rural health clinics under the plan.

ATTACHMENT 4.19-B describes the methods and standards used for the payment of each of these facility services except for inpatient hospital, nursing facility services and services in intermediate care facilities for the mentally retarded that are described in other attachments.

<u>SUPPLEMENT 1 to ATTACHMENT 4.19-B</u> describes general methods and standards used for establishing payment for Medicare Part A and B deductible/coinsurance.

<u>SUPPLEMENT 2 to ATTACHMENT 4.19-B</u> describes the methods and standards used for the payment of prescribed drugs dispensed by pharmacists.

<u>SUPPLEMENT 3 to ATTACHMENT 4.19-B</u> describes the standards and methods used to adjust claiming for the federal drug rebate program.

<u>SUPPLEMENT 4 to ATTACHMENT 4.19-B</u> describes the methods and standards used for establishing payment rates for rehabilitative mental health services for seriously disturbed children screened under the early periodic diagnosis, screening and treatment program and served through the Short-Doyle/Medi-Cal program.

<u>SUPPLEMENT 5 to ATTACHMENT 4.19-B</u> describes the methods and standards used for reimbursement at 100 percent of reasonable costs to clinics providing specified Medi-Cal ambulatory services to Medi-Cal beneficiaries and are operated by, or contracted with a county participating in a sub-state Medicaid Demonstration Project authorized under Section 1115 of the Act.

1902 (a) (10) and 1902 (a) (30) of the Act